

Town of Lovettsville

ZONING PERMIT FOR A HOME OCCUPATION

Application Date	
Business Name	
Owner(s) Name (Please Print)	
Mailing Address	
Phone Number	
Email Address	
Business Location (Street Address)	
Zoning	
Business Description (Please be Specific)	

<p style="text-align: center;">Declaration</p> <p>I declare that the statement and figures given are true, full and correct to the best of my knowledge and belief. I have read Section 3-1(b)(v) – Home Occupation, of the Lovettsville Zoning Ordinance and agree to comply with all conditions. I have read the definition of home occupation in Sec. 13-2 of the Zoning Ordinance. I understand that failure to comply with any conditions of Section 3-1(b)(v) will result in revocation of the Zoning Permit for a Home Occupation. I understand that if I am part of Homeowners Association I may be also subject to its conditions in addition to Town Ordinance regulations.</p> <p>Signature (Owner-Officer)</p> <p>Date</p>

<u>For Office Use Only</u>
Application Received On:
Application Approved By:
(Zoning Administrator)
Date Approved: